

Gates & Cooper

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01-02-2008

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TO: Commissioner for Patents

Attn: Examiner Michael P. Lulis

Patent Examining Corps

Facsimile Center

Alexandria, VA 22313-1450

FROM:

George H. Gates

T-188

P.001

OUR REF.:

G&C 30794.94-US-WO

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Total pages, including cover letter: 15

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| Title of Document Transmitted: | TRANSMITTALS, PETITION FOR EXTENSION OF TIME, AND AMENDMENT UNDER 37 C.F.R. 1,111 |
|--------------------------------|---|
| Applicant | Benjamin A. Haskell et al. |
| Serial No.: | 10/537,385 |
| Filed: | June 3, 2005 |
| Group Art Unit: | 2824 |
| Title: | GROWTH OF PLANAR, NON-POLAR GALLIUM NITRIDE BY HIDRIDE VAPOR PHASE EPITAXY |
| Our Ref. No.: | G&C 30794.94-US-WO |

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Reg. No.: 33,500

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Signature

Date

JAN 02 2008

Due Date: January 2, 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Benjamin A. Huskell et al.

Examiner:

Michael P. Lulis

Serial No.:

10/537,385

Group Art Unit:

2824

Filed:

June 3, 2005

Docket:

G&C 30794.94-US-WO

Title:

GROWTH OF PLANAR, NON-POLAR GALLIUM NITRIDE BY HIDRIDE

VAPOR PHASE EPITAXY

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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By: (/ /)

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Amendment Under 37 C.F.R. §1.111.

Petition for Extension of Time under 37 C.F.R. 1.136 for 3 months.

Charge the Extension Fee in the amount of \$1,050.00 to the Deposit Account.

CLAIMS PRESENT

| | | ******* | | | | |
|-----------------------|----------------------|---------|---|----------|---|--------|
| Claims Remaining: | Highest Number | Number | | Rate | | Fee |
| | Previously Paid For: | Extra | | | 1 | |
| Total Claims | | | | | | - |
| 18 | 20 | 0 | x | \$50.00 | = | \$0.00 |
| Independent Claims | | | | | | |
| 1 | 3 | 0 | х | \$210.00 | ᆿ | \$0.00 |
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GATES & COOPER LLP

Howard Hughes Center 6701 Center Drive West, Suite 1050 Los Angeles, CA 90045 (310) 641-8797 Name! George H. Gates

Reg. No.: 33,500

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Name: Christine Flores

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|------------------------|----------------------|--------------|---|----------|---|----------|
| Claims Remaining: | Highest Number | Number | | Rate | | Fee |
| | Previously Paid For: | Extra | 1 | | ł | |
| Total Claims | | | | | | |
| 18 | 20 | 0 | x | \$50.00 | = | \$0.00 |
| Independent Claims | | | | | | |
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